

## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting			
<input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name Chicago Title			
Contract contact/manager (IVIPS and Bulk records accounts) Christy Knox		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (425) 259-8974	Email (required for IVIPS and Bulk records) christy.knox@ctt.com	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 3002 Colby Avenue #200, Everett, WA 98201			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 153-001-271
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does)			
We are an escrow closing company and do mobile home title elimination/transfer processing when applicable on a file.			
<b>3</b> Check all that apply to you and/or your business			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Attorney  <input type="checkbox"/> Auction  <input type="checkbox"/> Auto manufacturer or agent  <input type="checkbox"/> Bail bonds  <input type="checkbox"/> Bank or financing firm  <input type="checkbox"/> Business  <input type="checkbox"/> Commercial parking company  <input type="checkbox"/> Credit union  <input type="checkbox"/> Data broker/Reseller  <input type="checkbox"/> Debt recovery/Collection  <input type="checkbox"/> Employer/Prospective employer  <input type="checkbox"/> Government  <input type="checkbox"/> Guardianship/Trustee service  <input type="checkbox"/> Homeowner association  <input type="checkbox"/> Hospital  <input type="checkbox"/> Hulk hauler  <input type="checkbox"/> Insurance company/agent         </div> <div style="width: 33%;"> <input type="checkbox"/> Lien service  <input type="checkbox"/> Marina  <input type="checkbox"/> Neighborhood block watch  <input type="checkbox"/> Newspaper or media  <input type="checkbox"/> Non-profit organization  <input type="checkbox"/> Parking enforcement  <input type="checkbox"/> Private investigator  <input type="checkbox"/> Process server  <input type="checkbox"/> Property mgmt. - Government  <input type="checkbox"/> Property mgmt. - Private  <input type="checkbox"/> Repossession service  <input type="checkbox"/> Retail/Store  <input type="checkbox"/> School - Private  <input type="checkbox"/> School - Public  <input type="checkbox"/> Scrap processor or wrecker  <input type="checkbox"/> Security services - Government  <input type="checkbox"/> Security services - Private         </div> <div style="width: 33%;"> <input type="checkbox"/> Service bureau for another business              Provide business name: _____  <input type="checkbox"/> Storage facility  <input checked="" type="checkbox"/> Title/Escrow  <input type="checkbox"/> Toll facility  <input type="checkbox"/> Towing company  <input type="checkbox"/> Transporter  <input type="checkbox"/> Union (non-profit)  <input type="checkbox"/> Vehicle/Vessel dealer  <input type="checkbox"/> I represent a business that will              provide information to another party              Provide business names: _____  <input type="checkbox"/> Other (explain)              _____              _____         </div> </div>			

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We need to be able to have access to DOL records to confirm registered and legal owners on the mobile home titles so we can prepare the proper DOL documents to complete in our closing transactions.

**5** Redislosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

We would contact the owner of record to signoff on appropriate DOL documents to complete either the title elimination or title transfer.

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: \_\_\_\_\_  
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
  - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
  - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
  - any/all professional licenses that you possess
  - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
    - Your Articles of Incorporation, filed with the Secretary of State
    - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
    - Other documents reviewed and approved by the Department of Licensing Public Records Officer
  2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.  
IVIPS applicants must also include:
- subscriber roster (provided on page 4)
  - subscriber agreements
- ☐ **I am an attorney.\*** Attach legible copies of:
- your current business license
  - your current bar card
- ☐ **I am a private investigator.\*** Attach legible copies of:
- your current Private Investigator license
  - your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

LPO and Assistant Vice President

Title

Christy M. Knox

Signature

5/26/16 Everett, WA

Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

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## Search Business Licenses

### License Information:

**Entity Name:** CHICAGO TITLE COMPANY OF WASHINGTON  
**Business Name:** CHICAGO TITLE  
**License Type:** Washington State Business  
**Entity Type:** Profit Corporation  
**UBI:** 153001271 Business ID:001 Location ID:0011  
**Status:** To check the status of this company, go to [Secretary of State](#) and [Department of Revenue](#).

### Location Address:

3002 COLBY AVE STE 200  
EVERETT, WA, 98201-4080

### Mailing Address:

1801 W BAY DR NW STE 206  
OLYMPIA, WA, 98502-4311

[View Additional Locations](#)

	Status	Expires	First Issued	
<b>Registered Trade Names:</b>				<b><u>Gover</u></b>
CHICAGO TITLE	Active	N/A	09/10/2010	DANIEL
CHICAGO TITLE COMPANY, ISLAND	Active	N/A	04/04/2003	JAMES
DIVISION	Active	N/A	11/22/1996	MICHAEL
MERIDIAN CONTRACT SERVICES				RAYMOND

Pacific

Time

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City of Everett  
General Business License

City Clerk's Office  
2930 Wetmore Avenue  
Everett, WA 98201  
(425) 257-8610

License Number: 018117

Licensee: CHICAGO TITLE INSURANCE CO  
3002 COLBY AVE STE 200  
EVERETT WA 98201

*Sharon Marks*  
City Clerk

Issued under Title 3 of the City of Everett Municipal Code  
This license must be posted conspicuously at your place of business.